


Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2008</h3>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/538,942-Conf. #5937
		Filing Date	June 13, 2005
		First Named Inventor	Mariko TAKAHASHI
		Examiner Name	A. Abdi
		Art Unit	2624
TOTAL AMOUNT OF PAYMENT		(\$)	2200.00
		Attorney Docket No.	1163-0529PUS1

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch & Birch, LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>	
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____
							<u>Small Entity</u>
2. EXCESS CLAIM FEES							
<u>Fee Description</u>							<u>Fee (\$)</u>
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							210
Multiple dependent claims							370
							185
							<u>Small Entity</u>
<u>Total Claims</u>							<u>Fee (\$)</u>
<u>Extra Claims</u>							<u>Fee (\$)</u>
<u>Fee (\$)</u>							<u>Fee Paid (\$)</u>
26 - 20 = 6 x 50.00 = 300.00							_____
HP = highest number of total claims paid for, if greater than 20.							<u>Multiple Dependent Claims</u>
<u>Indep. Claims</u>							<u>Fee (\$)</u>
<u>Extra Claims</u>							<u>Fee (\$)</u>
<u>Fee (\$)</u>							<u>Fee Paid (\$)</u>
6 - 3 = 3 x 210.00 = 630.00							_____
HP = highest number of independent claims paid for, if greater than 3.							<u>Fee (\$)</u>
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u>							<u>Fee (\$)</u>
<u>Extra Sheets</u>							<u>Fee (\$)</u>
<u>Number of each additional 50 or fraction thereof</u>							<u>Fee Paid (\$)</u>
_____ - 100 = _____ /50 = _____ (round up to a whole number) x _____ = _____							_____
4. OTHER FEE(S)							<u>Fees Paid (\$)</u>
Non-English Specification, \$130 fee (no small entity discount)							_____
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...							810.00
1202 Extension for response within second month							460.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	29,680
Name (Print/Type)	Michael K. Mutter	Telephone	(703) 205-8000
		Date	September 11, 2008